



**CITY OF RIVERSIDE
2013 COBRA
HEALTH, VISION and DENTAL**

HEALTH & DENTAL PROVIDER/COVERAGE CATEGORY*	MONTHLY MEDICAL/DENTAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (COBRA) MONTHLY PREMIUM**
Kaiser Permanente PREFERRED COBRA			
Single	\$496.08	\$6.64	\$512.77
2-Party	\$1,002.10	\$9.50	\$1,031.83
Family	\$1,339.42	\$17.00	\$1,383.55
Kaiser Permanente STANDARD COBRA			
Single	\$449.80	\$6.64	\$465.57
2-Party	\$908.60	\$9.50	\$936.46
Family	\$1,214.46	\$17.00	\$1,256.09
Kaiser Permanente VALUE COBRA			
Single	\$426.28	\$6.64	\$441.58
2-Party	\$861.06	\$9.50	\$887.97
Family	\$1,150.94	\$17.00	\$1,191.30
Blue Cross HMO PREFERRED COBRA			
Single	\$478.88	\$6.64	\$495.23
2-Party	\$969.30	\$9.50	\$998.38
Family	\$1,338.76	\$17.00	\$1,382.88
Blue Cross HMO STANDARD COBRA			
Single	\$459.12	\$6.64	\$475.08
2-Party	\$929.30	\$9.50	\$957.58
Family	\$1,283.54	\$17.00	\$1,326.55
Blue Cross HMO VALUE COBRA			
Single	\$403.26	\$6.64	\$418.10
2-Party	\$815.88	\$9.50	\$841.89
Family	\$1,126.42	\$17.00	\$1,166.29
BC PPO, Blue Card COBRA			
Single	\$676.02	\$6.64	\$696.31
2-Party	\$1,352.06	\$9.50	\$1,388.79
Family	\$1,723.90	\$17.00	\$1,775.72
Delta Dental DPO COBRA			
Single	\$65.82	N/A	\$67.14
2-Party	\$119.44	N/A	\$121.83
Family	\$168.18	N/A	\$171.54
Delta Care Dental PMI/DHMO COBRA			
Single	\$19.42	N/A	\$19.81
2-Party	\$29.44	N/A	\$30.03
Family	\$43.81	N/A	\$44.69
Local Advantage Dental Plan COBRA			
Single	\$65.82	N/A	\$67.14
2-Party	\$119.44	N/A	\$121.83
Family	\$168.18	N/A	\$171.54

*RATES ARE SUBJECT TO CHANGE

** INCLUDES ADMINISTRATIVE FEE